

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10

SERIAL NO.
APPLICANT

FILING DATE

15288335

CLAIMS

| | CLAIMS | | | | | | | CLAIMS | | | | | | |
|-----------------|----------|------|------------------------|------|------------------------|------|---|----------|------|------------------------|------|------------------------|------|--|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | | | ↓ | | ↓ | 2 | ↓ | | | | | | | |
| TOTAL DEP. | | | ← | | ← | 21 | ← | | | | | | | |
| TOTAL CLAIMS | | | | | | 23 | | | | | | | | |

BEST AVAILABLE COPY